

**2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # **095000054323**

1. Entity Name

**Hooters of Aventura, INC.****FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90013 045 \*\*\*150.00

Principal Place of Business

Mailing Address

**20301 Biscayne Blvd**  
**N. Miami Beach, FL 33180****4411 Cleveland Ave.**  
**Ft. Myers, FL**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**65-0650576**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional**  
**Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GARGANO, ANTHONY J**  
**2075 W FIRST ST**  
**STE 203**  
**FT MYERS, FL 33901****Richard Simeone**

Street Address (P.O. Box Number is Not Acceptable)

**436 S Andrews Ave****Ft Lauderdale****FL 33301**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

**RICHARD SIMEONE**

(NOTE: Registered Agent signature required when reinstating)

**4/11/00**

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00 May Be**  
**Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>DCED</b>	<input type="checkbox"/> Delete
NAME	<b>Lageschulte, David</b>	
STREET ADDRESS	<b>4411 Cleveland Ave</b>	
CITY-ST-ZIP	<b>Ft Myers, FL</b>	
TITLE	<b>DST</b>	<input type="checkbox"/> Delete
NAME	<b>Lynch, Paul</b>	
STREET ADDRESS	<b>4411 Cleveland Ave</b>	
CITY-ST-ZIP	<b>Ft Myers, FL</b>	
TITLE	<b>DD</b>	<input type="checkbox"/> Delete
NAME	<b>BRADNER, TERRY</b>	
STREET ADDRESS	<b>4411 Cleveland Ave</b>	
CITY-ST-ZIP	<b>Ft Myers, FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>KLINGENSMITH, KIT</b>	
STREET ADDRESS	<b>4411 Cleveland Ave.</b>	
CITY-ST-ZIP	<b>Ft Myers, FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>Reigner, Dale</b>	
STREET ADDRESS	<b>4411 Cleveland Ave.</b>	
CITY-ST-ZIP	<b>Ft Myers, FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/21/00**

Date

**941-275-6339**

Daytime Phone \*

CR2E034 (9/99)